843 [775] She might also be troubled by the ghost of anyone who had died violently. This ghost, a phī taj thang klom, caused "the worst of all possible deaths." The phi krasū spirit,[25] entering through her anus, also might cause death by consuming her faeces, organs or the child's entrails. It was more dangerous during and after childbirth than during pregnancy (Textor:304-320). The [753] supernatural disease missile called "khun" might also strike. "If the mother is under 9 months pregnant, the baby inside can protect (itself). If this happens during the ninth month, the doctor uses holy water to extract it at the time of birth." Khun was recognized by "extra pain [751] occurring just before the baby comes out." To protect themselves, women wore extra talismans or had 2 dots [304] tattooed under the arm.

843 845 There was no assumption that what was born was inevitably to be human. When people said of a woman who had died pregnant, "the child ate the mother;" or, at a miscarriage, "the mother ate her child," or if many of a couple's children died, "they eat their children," the charge might be merely the comment of a vituperous neighbor, but the reality of vicious, autonomous beings, human or otherwise, in the womb was unmistakable. A certain woman died pregnant. The fetus, removed surgically, was observed to have 2 visible teeth, which indicated it was a non-human, jak (giant). However, a child might also be the soul of an angel in the form of a falling star that entered the womb in the advanced stages of pregnancy. "If such a baby lives it is pure and is a very wonderful child." Episodes were described of women giving birth to "gold," "jewels," "a monkey," "a fish's stomach," and a mouse-like "Golden Child." Sometimes these

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[771] [783] [514] [262] 25. This spirit ate like a dog, not like a human being, in eating faeces and putrid meat (McF.46). No revulsion nor idea of filth and contamination was found in Bang Chan's attitudes about faeces or urine. The infant in the womb sat peaceably on the mother's faeces. It was lucky to dream of faeces. In daily life human and animal excretions, like sins at the festival of Loy Krataung, were carried away by the canal waters. Bang Chan Buddhists recognized a need for cleansing, but not for purification. Since neither faeces nor sins were filthy the water was not contaminated. Even putrid meat was not disgusting in the context of the perishability of the flesh, but as food it was revolting. Muslims, however, had built in contamination to their concept of sin, so required purification.

the fire for her during the first day or so, lest in her straining, Dūan's womb "move to a new place," but Duan did it herself thereafter. The smoke was harder on others than for her for she was on the floor. She could leave the plank to bathe and to relieve herself through a crack in the floor. As soon as Chāi got over being frightened of her turmeric-yellow stomach, he often came and lay beside her on the plank, though it was a squeeze! She took her medicine and often sipped hot water, feeling very modern with her brand-new thermos bottle. Constantly turning her back or front to the fire, she poked or dripped water on the flames to make coals. Once she tossed on a dry palm leaf, and as it flared up, put a cloth over her head to trap the smoke and heat. Though a rash developed on her body, she was complimented by Lek on the care she was taking of the heating and drying process. Unfortunately, a neighbor who wanted to help brought in some of the wood one day. Not remembering that to make noise with the wood caused diseased red eyes in the baby, she dropped the bundle with a crash! Alas, "sang" disease, of course, came at once. So the near-by mō who always cared for them had to be called, but he used no medicine. "For eyes red from 'sang'," he said, "never use any eye-medicine as drops, or they will be permanently damaged or blind. Such eyes have not enough resistance to win over the strength of the medicine. A drop of mother's milk, any mother's, in the eyes is the cure."

Uterus pain was said to last one day for the first child, 2 days for the second, and so forth, increasingly. As Dūan seemed to be in considerable pain, Lek resorted to an old cure: she secretly took the bamboo knife and the phlai from the baby's tray and put them under Duan's plank bed without telling her. Slowly the pain diminshed.

If anyone spoke of uterus pain to her during the fire period, Dūan would suffer still more. If a visitor spoke of the hotness of the fire, little boils would appear on her body. The fire, being thus made too hot, would have to be put out, and Duan "would be weak for a long time." This was because actions or even words occurring beside the holy fire set a new and permanent pattern. Neighbor's children were kept away lest they inadvertently exclaim about the heat.

A few relatives with gifts of banana, turmeric, and face powder dropped in, but visitors mostly stayed away. "It is an ugly sight," said Dūan, "lying here with only a cloth over me, half naked and yellow, and I fear there might be an unpleasant smell."

The winnowing tray, with the baby on a pillow now covered with a plastic cloth, rested on a low table, the legs of which stood in bowls of water to keep away ants. At first an old dome-shaped fish trap had been set over it to prevent draft and

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14 observed in 9% of the school children 7 to 14 years of age who were examined, and in about 6% of the males and 25% of the females over 15 years of age. Of 337 persons examined, however, 2 only, one child and one adult female, were found to have hemoglobin values under 9.75 g per 100 ml.

744 Modern sanitation was practically unknown in Bang Chan. Few families had covered pit latrines or made any effort to
• [514] cover excreta. Intestinal parasitism was common. Garbage
[164] might be fed to animals, but was frequently thrown into the
[364] canal or elsewhere about the compound. Provisions for protecting foods from contamination were meager.

When rain water was available, it was used for drinking, but several months each year water from the canals or fish ponds was used without prior treatment. For washing vegetables, cooking and washing dishes, canal and pond water was used throughout the year.

744 A few changes in sanitary practices, if they could be
751 brought about, might reduce some kinds of illness substantially. For examplo, if the villagers would adopt the practice of boiling pond or canal water whenever it is to be used for drinking, contamination from this source would be materially reduced.

Use of boiled water for bathing babies and all persons with abrasions or open wounds would probably reduce the incidence of skin infections, and enable those which do occur to heal more quickly.

Infantile tetanus could be largely if not entirely prevented if the local midwives were taught to use sterile scissors for cutting the cord, and to avoid contact of the cord with soil.

758 Modern medicine will probably not be readily or
121 generally available to a majority of the residents of Bang Chan for many years to come. The first step toward better health in a village such as Bang Chan appears to be to teach the people, through their local leaders and practitioners, to adopt improved health practices. To be effective, such teaching must be based not only on a knowledge of what the people do, but on an understanding of the way they think and feel about customary practices.

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125 specimens. In all, specimens were obtained from 189 or 81% of
126 the children and of these 32% were negative. In 128 stools
164 containing parasites, 196 infecting organisms were found, or an average of 1.5 per infected child. Protozoa and helminths which are pathogenic or which may cause severe diarrhea were identified 126 times, and harmless forms 70 times. Of the harmful forms, Ascaris lumbricoides was found in 96 or 51% of the stool samples, Giardia lamblia in 19, or 10%, and hookworm, Endamoeba histolytica, Trichuris trichiura and Diphyllobothrium in 2% or less. Of the harmless forms noted, Endamoeba coli was found in 45 specimens or 24%, Iodamoeba williamsi in 21 or 11%, Endolimax nana and Chilomastix mesnili each in less than 2%. Doubtless the extent of intestinal parasitism in these school children was greater than the figures indicate, since some cases would be missed in examination of single stool specimens collected in this way. One might expect intestinal parasitism to be relatively common, also, among other family members.

125 Bowel Habits. - In connection with the clinical survey,
147 persons examined were asked whether they had "constipation" or
• 514 "diarrhea" frequently, occasionally, or never, i.e. not within the past 6 months. As the physician phrased the questions concerning "constipation," the replies indicated whether the respondent had daily bowel movements ("never constipated"), or usually had a bowel movement each day ("occasionally constipated") or usually had longer intervals between bowel movements ("frequently constipated"). Replies are summarized in Table 17.A

126 Considering the inadequate sanitation in Bang Chan, and
147 the prevalence of intestional parasitism, the fact that 3/4 of the persons questioned said they "never" had diarrhea, is worthy of note. Most persons who reported having diarrhea,
[146] were troubled occasionally rather than frequently. The fact that nearly 2/5 of those questioned had bowel movements less often than once a day, is not surprising in view of the fact that diets which are relatively low in fibrous foods and in the B complex vitamins frequently result in sluggish behavior of the large intestine. That approximately 3/5 of the respondents in Bang Chan usually had a daily bowel movement is perhaps more noteworthy. Even in areas where diets tend to be much more liberal, some persons usually have bowel movements at intervals of 2 or 3 days or even longer. If such persons have stools of normal character and experience no discomfort, this bowel habit may be considered normal for them.

A [see p. 43 – Analyst]

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Table 17

Bowel Habits of Persons Questioned in Bang Chan, Thailand, 1952-53

Group	Number of Persons Reporting	Frequency of Bowel Movements			Frequency[1] of Diarrhea		
		Daily	Usually 1/day	Usually longer intervals	F	O	N
		%	%	%	%	%	%
Random Sample of village Households	158	57	11	32	2	19	79
Primary school children	233	53	3	44	2	26	72
Total respondents	375[2]	54	7	39	2	23	75

1. F - Frequent; once a week or oftener.
O - occasional; less often than once a week.
N - never; not within the past 6 months

2. Primary school children in random sample counted once only. Information not obtained in a few instances.

251 One family stored cooked food in a basket which was hung from the ceiling. One homemaker frequently covered such foods with a basket, and in one instance a homemaker, who usually took no precautions to protect cooked foods, used a basin to cover food left on a table.

271 312 Source and Treatment of Water For Drinking and Culinary Purposes. - From the time the dietary survey was begun, on May 26, 1953, through January 18, 1954, all families used rain water for drinking.

Of the 14 survey days, spaced at about weekly intervals, between January 28, 1954 through May 8, 1954, canal water was used for drinking on 7 days, water from fish ponds on 4, and rain water on 3 days. No distinction was made in source of drinking water for children and adults.

312 744 [846] All families used canal water for washing vegetables, cooking, and washing dishes, on the survey days from May 26, 1953 through March 18, 1954. On the 6 survey days between March 24 and May 8, 1954, 4 families used water from the fish pond for these purposes. In no instance was the water treated in any way before being used, although alum is known to be used, at times, in the village, to settle or clear water, and boiled water is given mothers and infants to drink during the post partum rest period.

• 514 Disposal of Excreta. - Of 30 families from whom information was obtained, 20 had pits for toilet use, only one of which was equipped with a cover. One other family had a flush latrine. Of the 8 families who had no special place which was used for toilet purposes, 4 reported that family members urinated on the compound, 3 that they used the fields, and 1 that either compound or field might be used for urination. One reported that the compound was used for defecation as well as urination; the remaining 7 said they went to the field to defecate.

Six families with pit latrines covered feces in some way: 3 used earth, 2 ashes, and 1 either earth or ash. A majority of those who used either an uncovered pit or had no designated place, reported that no attempt was made to cover feces. From six families, no information was obtained on this point. Various materials were mentioned as being used in the manner in which western peoples use toilet paper. Cocoanut husks were mentioned most frequently (25 times), and other materials in this order: paper (newspaper 9 times, straw paper once), wood (4 times) and water (3 times).

From the information available, custom and convenience rather than sanitary considerations appear to determine practices that are followed. If improved practices are

• 514 contemplated, use of a pit with cover seems more apt to be adopted than the flush latrine. Moreover, the flush latrine is not only more expensive and difficult to move, but cocoanut husks and the like cannot be thrown into it without clogging the trap. If the husks, paper, etc. are left exposed after use, they attract flies and other insects, and are a possible source of infection.

Choice of a suitable site for a pit latrine in a village such as Bang Chan, which is flooded at times, may be difficult. Certainly it requires the advice of a sanitary engineer.

000 Changes in Sanitary Practices Needed. - A few changes in sanitary practices, if they could be brought about, might reduce some kinds of illness substantially. For example, if the villagers would adopt the practice of boiling pond or canal water whenever it is to be used for drinking, contamination from this source would be materially reduced.

Use of boiled water for bathing babies and all persons with abrasions or open wounds would probably reduce the incidence of skin infections, and enable those which do occur to heal more quickly.

Infantile tetanus could be largely if not entirely prevented if the local midwives were taught to use sterile scissors for cutting the cord, and to avoid contact of the cord with soil.

Modern medicine will probably not be readily or generally available to a majority of the residents of Bang Chan for many years to come. The first step toward better health in a village such as Bang Chan appears to be to teach the people, through their local leaders and practitioners, to adopt improved health practices. To be effective, such teaching must be based not only on a knowledge of what the people do, but on an understanding of the way they think and feel about customary practices.